



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:

WOODS, RANDALL

Serial No. : 10/634,498

Filed: AUGUST 5, 2003

CAPSULAR INTRAOCULAR LENS
IMPLANT HAVING A REFRACTIVE
LIQUID THEREIN

Docket No. 32311-CIP2

Confirmation No. 7062

Group Art Unit No. 3738

Customer No. 23589

Examiner: Hieu Phan

Commissioner of Patents
Mail Stop: Amendment
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

Transmitted herewith are: Express Mail Transmittal (1 pg.); Amendment Transmittal Letter (1 page); Amendment (6 pgs.); and return postcard.

EV 722667617 US

Express Mail No.

Respectfully submitted,

HOVEY WILLIAMS LLP

Dated: October 26, 2005

by

Tracy Bornman, Reg. No. 42,347

HOVEY WILLIAMS LLP

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816/474-9050

ATTORNEYS FOR APPLICANT

AMENDMENT TRANSMITTAL LETTER (Small Entity)

Applicant(s): Woods, Randall

Docket No.

32311-CIP2

Application No.

10/634,498

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August 5, 2005

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7062

Invention: **REFRACTIVE INTRAOCULAR LENS IMPLANT HAVING A REFRACTIVE LIQUID THEREIN****COMMISSIONER FOR PATENTS:**

Transmitted herewith is an amendment in the above-identified application.

☒ Applicant claims small entity status. See 37 CFR 1.27

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	15 -	20 =	0	x \$25.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0	x \$100.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-0522
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☐ Any patent application processing fees under 37 CFR 1.17.
- ☐ Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.
Signature

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Dated: October 26, 2005

I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on

10/26/05

(Date)

Signature of Person Mailing Correspondence

Jean Kahrau

Typed or Printed Name of Person Mailing Correspondence

cc:



10-27-05

IFW

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Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1415

Sir:

RESPONSE

In response to the office action dated July 27, 2005, reconsideration of the above application
is respectfully requested.

The Claim Listing begins on page 2.

The Remarks section begins on page 5.